

*Space is limited
First come, first served*



*Swimming, arts and crafts, sports
and games and much more*

**This registration form applies only to children in
the Concord Public Schools summer program**

Name: _____ M/F: _____ D.O.B. _____

Address: _____ Town: _____ Zip: _____

Age (at time of registration): _____ Grade entering 9/10: _____ Parents' Name: _____

Home # _____ Work # _____

Cell # _____ Emergency # _____

Special Accommodations/Medications/Allergies, etc: _____

By signing this form I, _____ give permission for my child(ren) to attend field trips provided by the Concord Recreation Summer Day Camp program.

I agree to hold harmless the Town of Concord and/or its employees from claims of liability related to any accident that may occur. I give my permission for medical treatment to be given to my child if the need arises.

Parent/Guardian Signature: _____ Date: _____

*Register today by phone or
fax
with a credit card
(978) 369-6460 (office)
(978) 369-9403 (fax)*

Mail registration to:
Concord Recreation
90 Stow St.
Concord, MA 01742

**25% Second child discount
*A fee will be charged for withdrawals
*Payment plan available
Full payment due before June 25th

Camp Dates

Week 1 June 28th-July 2nd	<input type="checkbox"/>	\$312.50
Week 2 July 5th-July 9th	<input type="checkbox"/>	\$312.50
Week 3 July 12th-July 16th	<input type="checkbox"/>	\$312.50
Week 4 July 19th-July 23rd	<input type="checkbox"/>	\$312.50

***Fees are all inclusive**

Amount enclosed \$ _____ (50% deposit due upon registration)
Check # _____ (Checks can be made payable to **Town of Concord**)